


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 09 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moynihan</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 734385 (8)**

1. Corporation Name  
**POLK CITY LITTLE LEAGUE, INC.**



Principal Place of Business <b>DUEY RD PO BOX 177 POLK CITY FL 33868 US</b>	Mailing Address <b>DUEY RD PO BOX 177 POLK CITY FL 33868</b>
--	---

3. Date Incorporated or Qualified <b>11/19/1975</b>	
4. FEI Number <b>59-1838759</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GOODMAN, LARRY  
203 SOUTH BOUGAINVILLEA  
POLK CITY FL 33868**

10. Name and Address of New Registered Agent

81 Name **SCHLIPP, KEVIN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4320 HAGAN RD.**

83

84 City **POLK CITY** FL 85 Zip Code **33868**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Kevin Schlipp* DATE **3/18/97**

Signature typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GOODMAN, LARRY</b>		1.2 NAME <b>SCHLIPP KEVIN</b>
STREET ADDRESS <b>203 SOUTH BOUGAINVILLEA,</b>		1.3 STREET ADDRESS <b>4320 HAGAN Rd.</b>
CITY-ST-ZIP <b>POLK CITY FL</b>		1.4 CITY-ST-ZIP <b>POLK CITY FL 33868</b>
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VICE-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SCHLIPP</b>		2.2 NAME <b>ALLEN JENNINGS</b>
STREET ADDRESS <b>18088 COMMONWEALTH</b>		2.3 STREET ADDRESS <b>5650 GREEN POND Rd.</b>
CITY-ST-ZIP <b>POLK CITY FL</b>		2.4 CITY-ST-ZIP <b>POLK CITY FL 33868</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SHULTS, PATRICIA</b>		3.2 NAME <b>JAMMY LAWSON</b>
STREET ADDRESS <b>188 SUNSHINE BLVD.</b>		3.3 STREET ADDRESS <b>10610 HARTZOG Rd.</b>
CITY-ST-ZIP <b>POLK CITY FL</b>		3.4 CITY-ST-ZIP <b>POLK CITY FL 33868</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>TREASURER</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WILLIAMS, NANCY</b>		4.2 NAME <b>NANCY LEACH</b>
STREET ADDRESS <b>9479 EVANS ROAD</b>		4.3 STREET ADDRESS <b>6750 W. DEEN STILL</b>
CITY-ST-ZIP <b>POLK CITY FL</b>		4.4 CITY-ST-ZIP <b>POLK CITY, FL 33868</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>DIRECTOR (PLAYER AGENT)</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KNOWLES, JOANNA</b>		5.2 NAME <b>JOANNA KNOWLES</b>
STREET ADDRESS <b>424 CITRUS GROVE BLVD.</b>		5.3 STREET ADDRESS <b>424 CITRUS GROVE BLVD.</b>
CITY-ST-ZIP <b>POLK CITY FL</b>		5.4 CITY-ST-ZIP <b>POLK CITY, FL 33868</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>DIRECTOR (UMPIRE-IN-CHIEF)</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BRACEY, MICKEY</b>		6.2 NAME <b>BOB HOLLINGSHEAD</b>
STREET ADDRESS <b>224 LAKE SHORE DRIVE</b>		6.3 STREET ADDRESS <b>10610 HARTZOG Rd.</b>
CITY-ST-ZIP <b>POLK CITY FL</b>		6.4 CITY-ST-ZIP <b>POLK CITY, FL 33868</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kevin Schlipp* DATE: **2/9/97** (941) 984-2130 (4PM)

CR2E037 (10/97)